File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines. Iowa 50319

Fax: 515-281-4073	FOR INSTRUCTIONS, SEE BACK OF FORM		IA ETHICS AM
	DISCLOSURE SUMMARY PAGE		
COMMITTEE NAME (Must be	same as on Statement of Organization)		POWES 2011 JAN 18 PM 1:0
Lampin		1	FORM ,
IMPORTANT: Indicate by # type	of committee you are reporting for.		DDO
		_	(Rev. 07/2007) DISCLOSURE
Subdivision Candidate (8)Count	naining for Retention Candidate (2)State PAC(3)State Party)County Candidate (6)City Candidate (7)School Board or Other Politi y PAC(9)City PAC(10)School Board or Other Political Subdivision P/	cal	
11) Local Ballot Issue		AC (Comm. # 18074
CANDIDATE COMMITTEES (Candidate Name	ONLY:	===	Logged In SU
	Political Party (if applicable)		Scanned S(a)
	Democrat	_]	Computer
Office Sought County Su	District (if Senate or House)		Audited
_ County Cu	pervusir		
Late reports and subject to possib	lo shill and aring at a control		
candidate's committee, and the ch	le civil and criminal penalties. Pursuant to lowa Code sections 68B.3 nairperson, for any other type of committee, is the individual responsi	2A(7) and	68A.401(3), the candidate, for a
(Alto)()	, is the maintage responsi	IDIE TOT TILL	g timely and accurate reports.
SIGNATURE OF PERSON FILE	<u>C41-236-8296</u>	,	Jan. 1/2011
CIGHATORE OF PERSON FILE	NG REPORT TELEPHONE	_	DATE SIGNED
I AM FILING A Januar	15 2011	- 100 Million	
•	The second second	N /(<u>2)N</u> ON	I-ELECTION YEAR.
	ort date) Indicate by	y#	
CHECK IF AMENDMENT TO	REPORT DATED	Local Co	mmittees, enter Date of Election
☐ Check if this is final (terminate	ion) report and attach Notice of Discuter.		Janes Date of Election
(You must continue to	Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)		
	•	which Ele	ection is held
STATEME	NT OF CASH ON HAND		
committee. This amount	ng of the reporting period. (Total of all funds held by the nt MUST be the same as the cash on hand at the end		
of the last reporting per	iod or must be zero if this is first report filed.)	\$	19.48
ADD TOTAL MONEY	TAKEN IN THIS PERIOD	······································	_ ~ 1
Schedule A: Cash Con	tributions total (Attach Schedule A) (*also see in-kind below)		510.00
Schedule F: Loans Red	ceived total (Attach Schedule F)	************	310.2
Schedule H: Total Sale	s of Campaign Property (Attach Schedule H)	**************	
(Schedule H a	pplies to Candidates' Committees Only)	••••••	
	SUB-TOTAL	•	529.45
SUBTRACT TOTAL MO	ONEY SPENT THIS PERIOD		0 01. 2
	res total (Attach Schedule B) (**also see debts and loans below)		530,46
Schedule F: Loan Repa	ayments total (Attach Schedule F)	••••••	3300
ASH ON HAND at the end of the	is reporting period (if final report balance must be zero)	•••••	
TINDAID BILLS (Face School	The second of the second parameter must be zero)	\$	O Account Closed
MINIO CONTRIBUTION Schedule	D - Attach Schedule D)	\$	
IN KIND CONTRIBUTIONS (Fro	m Schedule E - Attach Schedule E)	æ	
OUTS TANDING LOANS (From	Schedule F - Attach Schedule F)	\$	
ONSULIAN I BREAKDOWN (S	Schedule G Attached?)		YES NO
ANDIDATE COMMITTEES ONL			
ALUE OF CAMPAIGN PROPER	RTY (From Schedule H - Attach Schedule H)	_	

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For	Instructions,	Caa	Book	of Earn	
	monachons,	JUE	Dayn	OI FORIII	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM
Lamoyre Gaard for Supervisor		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10-18-10	ID# CK#	Lamoyre Gaard 931 Summer Grinnell, IA 50112		\$1009	-
11-5-10	ID# CK#	Lamoyre Gaard 931 Summer Grinnell, IA 50112		410.=	,
	ID# CK#	O TIME IN LESS TO THE STATE OF			
	ID#	-	- 4	· ·	-
In the Control of the	ID#		-		
	ID#	•			·
1 cas	ID#	•			
	CK#				: : ::
	CK#				
<u>-</u>	CK#			,	
	CK#		SUB-TOTAL		

TOTAL (if last page of this schedule)

SCHEDULE

MONETARY

(for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES	
CHECK THIS BOX IF AMENDING FORM		

COMMITTE	E NAME (Must be s	same as on Statement of Organization)		
Lar	nogre Go	iard for Supervisor	- .	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11-5-10	ID# CK# 037	Grinnell Hereld-Register 813 5th Avenue Grinnell, IA 50112	a chrestisements in	\$ 342,36
11-5-10	CK# 1038	Pennysaver 925 Broad Strut Grinnell, Iowa 50112	advertisements in Penneysaver	168
01-12-11	1001	Poweshick County Democr Donne Windown Treasurer 1706 10th Aregin Dlove	. Donation to close campaign account	19.12
_	ID# CK#	Grinnell, I circ 50112		
	ID#			
	ID# CK#			
	ID# CK#			
	ID# CK#	-		
	L	·	SUB-TOTAL	\$ 5 29,48
			TOTAL (if last page of this schedule)	

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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